

Foster Family Home - Corrective Action Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-5

98-1910 Kaahumanu Street
#U

Reviewer: Angelica Galindo

Pearl City HI 96782

Begin Date: 5/14/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

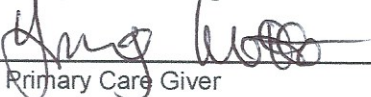
Comment:

Home inspection for a 3 person CCFFH recertification made on 5/14/19.

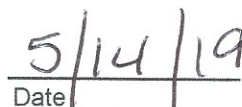
6.(d)(1) - Home in compliance with all requirements

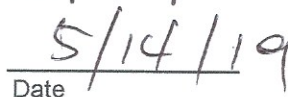


Compliance Manager



Primary Care Giver


Date


Date